



**Town of Raymond**  
**Town Clerk – Tax Collector**  
4 Epping Street, Raymond, NH 03077  
Tel: (603) 895-4735 · Fax: (603) 895-0903

### **Property Owner Designated Respondent Affidavit**

Per RSA 540:1, the following affidavit is required to be filed with the Town Clerk.

Owner: \_\_\_\_\_

Rental Property Address: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Phone Number: (h) \_\_\_\_\_ (c) \_\_\_\_\_

(w) \_\_\_\_\_ Please indicate your preference for contact.

Email Address: \_\_\_\_\_

**Designated Respondent to Accept Services**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (h) \_\_\_\_\_ (c) \_\_\_\_\_

(w) \_\_\_\_\_ Please indicate your preference for contact.

Email Address: \_\_\_\_\_

Expiration of Respondent Status: \_\_\_\_\_

Fee: \$15.00 cash/check

I, \_\_\_\_\_ swear and affirm that I have designated the above named  
\_\_\_\_\_ as my representative, having responsibility and authority to accept documentation  
and services for the rental property at the address listed on this affidavit.

Owner Signature: \_\_\_\_\_ Owner Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Justice of the Peace/Notary Public

Clerk's File # 2011 - \_\_\_\_\_